



IDAHO FALLS FIRE DEPARTMENT

Office of the Fire Marshal
525 8th Street, Idaho Falls, ID 83402
(208) 612-8598



CONSUMER FIREWORKS — APPLICATION FOR SALE of “SAFE and SANE” FIREWORKS

Idaho Falls, Idaho

Date: _____

TO THE CITY CLERK,
CITY OF IDAHO FALLS, IDAHO

I hereby make application to operate in the name of: _____
(Business Name)

To be located at: _____

Name of APPLICANT: _____ Telephone Number: _____

Address of Applicant: _____

Age of Applicant: _____ Date of Birth: _____

If Corporation, Names of Officers of APPLICANT:

Name and Address of Wholesaler or Distributor from whom the applicant intends to obtain “Safe and Sane” Fireworks:

Idaho State Sales Tax Number: _____

List three (3) previous locations of operation, if not a new business:

1. _____
2. _____
3. _____

Check appropriate box:

- | | |
|--------------------------------|----------------------------------|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Manager |

☐ Stand _____ Signature of Applicant

☐ Membrane Tent _____ Print Name in Full

Social Security Number

On-Site / Stand Operator _____

Address _____

Telephone: _____

I, the undersigned Fire Code Official for the City of Idaho Falls, having investigated the above application recommend that the same be: ☐ Granted ☐ Denied

Fire Marshal / Fire Chief

A copy of a valid certificate of public liability insurance issued by a company licensed to issue insurance policies within the State of Idaho, providing coverage of at least one hundred thousand dollars (\$100,000.00) for personal injury and property damage shall be presented at the time of application. The Insurance certificate must list the City of Idaho Falls as a beneficiary or additional insured.